

**MONTGOMERY GI BILL ACT OF 1984 (MGIB)***(Chapter 30, Title 38, U.S. Code)***BASIC ENROLLMENT****PRIVACY ACT STATEMENT**

**AUTHORITY:** Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

**PRINCIPAL PURPOSE(S):** To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

**ROUTINE USE(S):** To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.

**1. SERVICE MEMBER DATA****a. NAME** (*LAST, First, Middle Initial*)**b. SOCIAL SECURITY NUMBER (SSN)****2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS**

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

**a. SERVICE MEMBER SIGNATURE****b. RANK/GRADE****c. DATE SIGNED** (YYYYMMDD)**3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS**

- (1) I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.
- (2) **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month, or the current monthly rate until \$1,200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**, this is an **IRREVOCABLE DECISION**.
- (3) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
- (4) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute.
- (5) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include "under honorable conditions".
- (6) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
- (7) I have 10 years from date of last discharge from active duty to use MGIB benefits.
- (8) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
- (9) I cannot receive any combination of DVA educational benefits in excess of 48 months.
- (10) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

**a. SERVICE MEMBER SIGNATURE****b. RANK/GRADE****c. DATE SIGNED** (YYYYMMDD)**4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS****5. STATEMENT OF DISENROLLMENT**

I **DO NOT** desire to participate in MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

**a. DATE SIGNED** (YYYYMMDD)**b. RANK/GRADE****c. SERVICE MEMBER SIGNATURE****6. CERTIFYING OFFICIAL****a. TYPED OR PRINTED NAME** (*LAST, First, Middle Initial*)**b. RANK/GRADE****c. SIGNATURE****d. DATE SIGNED**  
(YYYYMMDD)

**MONTGOMERY GI BILL ACT OF 1984 (MGIB)  
GENERAL INSTRUCTIONS**

**PURPOSE:** The DD Form 2366 provides an official record of each Service Member's decision regarding participation in the Montgomery GI Bill (MGIB) program. It is also used to ensure that the member understands his/her Montgomery GI educational entitlements. College fund benefits must be listed on the official contract.

**RESPONSIBILITIES AND PROCEDURES**

**In-Processing.** By law, the DD Form 2366 (Montgomery GI Bill Act of 1984 (MGIB) must be completed and signed by new recruits within 14 days after entering the Service. The completed DD Form 2366 is the official record of the member's decision and becomes a part of his/her permanent personnel record. Each Service Member is to be informed of his/her eligibility for either the Montgomery GI Bill benefits or eligibility for Loan Repayment and the Army College Fund (ACF), Navy College Fund (NCF) benefits or the Marine Corps College Fund (MCCF). Each member is provided a one-time opportunity to waive his/her Montgomery GI Bill entitlement. Exceptions are Involuntary Separates under PL 101-510 and Section 561, and Voluntary Separates in accordance with PL 102-484, Section 4404.

**Separation Processing.** Military personnel counselors will review DD Form 2366 with each member reenlisting or separating from active duty to ensure that he/she understands the status of his/her eligibility and specific benefits. Each member will be provided a copy of his/her DD Form 2366 upon separation.

**Validation of Entitlement.** In coordination with the Department of Defense, the Department of Veterans Affairs independently validates a member's entitlement when the member enrolls in an educational institution.

**ITEM 1. SERVICE MEMBER**

**a. Name.** Print LAST, First, Middle Initial (and maiden name, if any), Jr., Sr., III, etc.  
Examples: (a) SMITH, John R. Jr., (b) JOHNSON, Mary L. (BROWN)

**b. Social Security Number (SSN).** Enter the 9 digits in the appropriate block.

**ITEM 2. STATEMENT OF UNDERSTANDING**

**a. Academy/ROTC Scholarship Graduates.** To be completed for Service academy and ROTC scholarship graduate who is eligible for Montgomery GI Bill benefits.

(1) Service Member Signature. Obtain signature of Academy and ROTC graduate.

(2) Rank/Grade. Enter Rank first and Grade last.  
Example: PVT/E-1

(3) Date Signed. Enter date as follows: YYYYMMDD.  
Example: 20000615

**b. Prior Service Member.** To be completed by former Service Member.

(1) Service Member Signature. Obtain signature of Service Member.

(2) Rank/Grade. Enter Rank first and Grade last. Example: PVT/E-1

(3) Date Signed. Enter date as follows: YYYYMMDD.  
Example: 20000615

**ITEM 2. STATEMENT OF UNDERSTANDING (Continued)**

**c. All Other Service Members.** Counselor will explain all items in this block to Service member. Service member will ensure that he/she understands all 13 items.

(a) Service Member Signature. Obtain signature of Service Member.

(b) Rank/Grade. Enter Rank first and Grade last.  
Example: PVT/E-1

(c) Date Signed. Enter date as follows: YYYYMMDD.  
Example: 20000615

**ITEM 3. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS.**

If applicable, enter the specific Army College Fund, Navy College Fund, Marine Corps College Fund (MCCF), or Loan Repayment Enlistment Option: Include pertinent term of service, reserve obligation, and military skill information; reference other relevant enlistment contract appendices. Ensure that Service member understands prerequisite requirements and benefits. This block should include the appropriate enlistment contract form number. Service member must be made aware that the DD Form 2366 is not an enlistment contract.

**ITEM 4. STATEMENT OF DISENROLLMENT.**

Service counselor will ensure the Service member fully understands the Statement of Disenrollment.

**a. Date Signed.** Enter date as follows: YYYYMMDD.  
Example: 20000615

**b. Rank/Grade.** Enter Rank first and Grade last. Example: PVT/E-1

**c. Service Member Signature.** Obtain signature of Service member only if he/she elects to forego his/her benefits. Service counselor will ensure that the member fully understands the consequences of his/her decision.

**ITEM 5. WITNESSING OFFICIAL. Self-explanatory.**

**a. Typed or Printed Name.** Print LAST, First, Middle Initial (and maiden name, if any), Jr., Sr., III, etc.  
Examples: (a) SMITH, John R. Jr.; (b) JOHNSON, Mary L. (BROWN)

**b. Rank/Grade.** Enter Rank first and Grade last.  
Example: SFC/E-7 or GS 7

**c. Signature.** Obtain signature of witnessing official.

**d. Date Signed.** Enter date as follows: YYYYMMDD.  
Example: 20000615

**COPY DESIGNATIONS:**

COPY 1 - INSTRUCTIONS  
COPY 2 - OFFICIAL MILITARY/MASTER FILE  
COPY 3 - PERSONNEL FILE/SERVICE RECORD  
COPY 4 - FINANCE  
COPY 5 - MEMBER